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STN NO.	COMM.	ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
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-HONEYWELL PATENTS -

***** - 973 455 2288- *****

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/EP

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty.

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only		
Identification of IPEA		Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference H0003511
International application No. PCT/US 03/06853	International filing date (day/month/year) 06-Mar-03	(Earliest) Priority date (day/month/year) 07-Mar-02
Title of invention INTERACTIVE DESIGN SYSTEM		
Box No. II APPLICANT(S)		
Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) HONEYWELL INTERNATIONAL INC. 101 Columbia Road P.O. Box 2245 Morristown, New Jersey 07962-2245 UNITED STATES OF AMERICA		Telephone No.: (973) 455-4259 Facsimile No.: (973) 455-2288 Teleprinter No.:
State (i.e. country) of nationality: US		State (i.e. country) of residence: US
Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)		
State (i.e. country) of nationality:		State (i.e. country) of residence:
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)		
State (i.e. country) of nationality:		State (i.e. country) of residence:
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.		

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State (i.e. country) of nationality:		State (i.e. country) of residence:
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCEThe following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

CRISS, Roger H.
 HONEYWELL INTERNATIONAL INC.
 101 Columbia Road
 P.O. Box 2245
 Morristown, New Jersey 07962-2245
 UNITED STATES OF AMERICA

Attn: Law Dept.

Telephone No.:

(973) 455-4259

Facsimile No.:

(973) 455-2288

Teleprinter No.:

☐ Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV STATEMENT CONCERNING AMENDMENTS**

The applicant wishes the International Preliminary Examining Authority*

(i) ☒ to start the international preliminary examination on the basis of the international application as originally filed.(ii) ☐ to take into account the amendments under Article 34 of.☐ the description (amendments attached).☐ the claims (amendments attached).☐ the drawings (amendments attached).(iii) ☐ to take into account any amendments of the claims under Article 19 filed with the International Bureau (a copy is attached).(iv) ☐ to disregard any amendments of the claims under Article 19 and to consider them as reversed.(v) ☐ to postpone the start of the international preliminary examination until the expiration of 20 months from the priority date unless that Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Box No. V ELECTION OF STATES☒ The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT) except*

.....

(If the applicant does not wish to elect certain eligible States, the name(s) or country code(s) of those States must be indicated above.)

Box No. VI CHECK LIST

The demand is accompanied by the following documents for the purposes of international preliminary examination:

- | | | |
|--|---|--------|
| 1. amendments under Article 34 | | |
| description | : | sheets |
| claims | : | sheets |
| drawings | : | sheets |
| 2. letter accompanying amendments under Article 34 | : | sheets |
| 3. copy of amendments under Article 19 | : | sheets |
| 4. copy of statement under Article 19 | : | sheets |
| 5. other (specify): | : | sheets |

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Examining Authority use only

received not received

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is accompanied by the item(s) marked below:

- | | |
|--|--|
| 1. <input type="checkbox"/> separate signed power of attorney | 4. <input checked="" type="checkbox"/> fee calculation sheet |
| 2. <input type="checkbox"/> copy of general power of attorney | 5. <input type="checkbox"/> other (specify): |
| 3. <input type="checkbox"/> statement explaining lack of signature | |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE*Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).*

HONEYWELL INTERNATIONAL INC.

Deborah Chess
Deborah Chess
Attorney

Date of Mailing _____

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of the demand due to CORRECTIONS under Rule 60.1 (b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. ☐ The applicant has been informed accordingly.4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date, as extended by virtue of Rule 80.5.5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/US03/06853	For International Preliminary Examining Authority use only	
Applicant's or agent's file reference H0003511	Date stamp of the IPEA	
Applicant HONEYWELL INTERNATIONAL INC.		
Calculation of prescribed fees <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>1. Preliminary examination fee</div> <div style="text-align: right;">EUR 1.533,00</div> <div style="border: 1px solid black; padding: 2px 5px;">P</div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div>2. Handling fee (Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.)</div> <div style="text-align: right;">EUR 148,00</div> <div style="border: 1px solid black; padding: 2px 5px;">H</div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div>3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box.....</div> <div style="text-align: right; border: 1px solid black; padding: 5px;"> EUR 1.681,00 TOTAL </div> </div>		
Mode of Payment <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below) </div> <div style="width: 45%;"> <input type="checkbox"/> cash </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> cheque</div> <div><input type="checkbox"/> revenue stamps</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> postal money order</div> <div><input type="checkbox"/> coupons</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> bank draft</div> <div><input type="checkbox"/> other (specify):</div> </div>		

Deposit Account Authorization <i>(this mode of payment may not be available at all IPEAs)</i>		
The IPEA/ _____ <input checked="" type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account.		
<input checked="" type="checkbox"/> <i>(this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.		
Deposit Account Number <u>2830.0019</u>	Date (day/month/year) <u>06-Oct-03</u>	Signature Amy Olinger.